

Amherst Health Department
Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

Phone (413) 259-3077

Fax (413) 259-2404

APPLICATION FOR COOKING AT FARMER'S MARKET

PLEASE PRINT

Date _____

Name _____

Business Name _____

Current Food License(s) _____

Address _____

Phone Number _____ E-Mail Address _____

Market Location: _____

Please provide the address of the Amherst Farmers' Market you will participate in.

Application **MUST** include

- Attached complete menu of foods to be served/cooked
- Sketched layout of vendor booth (including handwashing station, storage, equipment, etc.)
- Complete packing checklist to be used each week
- Copies of Food Safety Manager and Allergen Awareness Training Certificate(s)
- Copies of existing licenses and/or permits from the appropriate Health Dept. pertaining to the base of operations kitchen facility
- Standard Farmers' Market application, or a current copy of your Farmer's Market Permit

Approved applicants shall be consistently present at the market on a weekly or biweekly basis throughout the market season

Signature

Please fill out this form in its entirety if you are **cooking food, or hot holding** anytime during the market season. Please make a payment of \$25.00 to the Town of Amherst, which is the fee to obtain a Cooking at Farmers' Market Permit. **Please submit application and payment 30 days prior to the opening of the Farmers' Market.**

No Permits will be issued until ALL documentations and fees are provided.

Market Cooking Questionnaire

(Please complete both pages)

1. Cooking and hot-holding equipment _____
2. Fuel type _____
3. Serving equipment _____
4. Foods to be cooked at market _____

5. Prepared foods to be served (not cooked) at market _____

6. Percentage of food served that will come from local farms _____
7. Describe handwashing facility at booth _____

8. Describe how equipment will be sanitized _____

9. How will waste water be disposed of _____

10. How will dispensing utensils be stored _____

11. How will tableware and eating utensils be disposed of _____

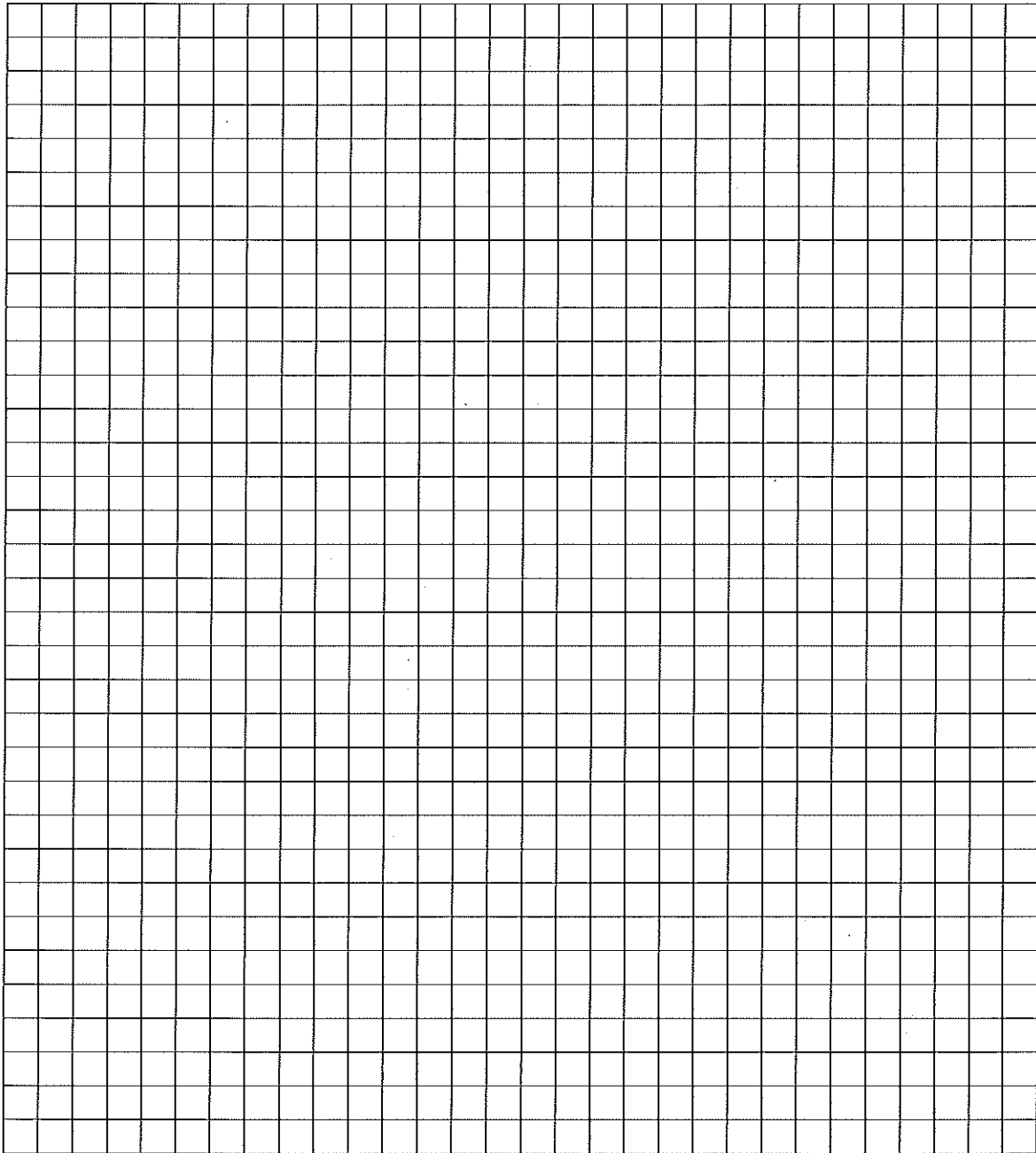
12. How will cross-contamination be prevented _____

13. What will be done with leftover food _____
14. What items on your menu might rotate or change on a weekly basis _____

	Y	N	N/A
15. Are all food supplies (including ice and water) from an inspected and approved source?	()	()	()
16. Is adequate freezer and/or refrigeration available to maintain:			
Frozen foods at 0° or below?	()	()	()
Refrigerated foods at 41° or below?	()	()	()
# of refrigeration units_____			
# of freezer units_____			
# of coolers_____			
17. Will hot foods be held >140°?	()	()	()
18. Are protective covers provided for unwrapped foods on display?	()	()	()
19. Will raw potentially hazardous foods (PHFs) be stored in the same refrigerators or coolers as cooked/ready-to-eat foods? (If yes, see question 12)	()	()	()
20. Are all refrigerators and coolers equipped with thermometers?	()	()	()
21. Will hot water (>110°F) be available for cleaning?	()	()	()
If no, what will be used to clean equipment? _____			
22. Will testing papers be provided to measure the strength of the sanitizing solution?	()	()	()
23. Will trash and recycling receptacles be provided?	()	()	()
24. Will any self-service be allowed?	()	()	()
25. Are all condiments individually wrapped or in pour-type dispensers?	()	()	()
26. Are all single-service articles individually wrapped or stored in sanitary containers?	()	()	()
27. Will gloves be readily available?	()	()	()

Plan review:

Use this page to sketch the layout of the stand and identify cooking and serving areas, handwashing facilities, hot and cold holding equipment, work tables, and storage areas.



I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments, federal 1999 Food Code and the above described establishment will be operated and maintained in accordance with the regulation:

Applicant's Signature

Date